

**Army Regulation 40-31  
BUMEDINST 6510.2F  
AFR 160-55**

**Medical Services**

# **Armed Forces Institute of Pathology and Armed Forces Histopathology Centers**

**Headquarters  
Departments of the Army,  
the Navy, and the Air Force  
Washington, DC  
4 June 1993**

**Unclassified**

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# ***SUMMARY of CHANGE***

AR 40-31/BUMEDINST 6510.2F/AFR 160-55

Armed Forces Institute of Pathology and Armed Forces Histopathology Centers

This revision--

- o Deletes all lists of hospitals and medical laboratories which have histopathology centers (from former appendices A, B, and C).
- o Changes the name of Health, Education, and Welfare (HEW) for Health to the Department of Health and Human Services (para 2-2b).
- o Changes the name of Veterans Administration (VA) to Veterans Affairs (para 2-2b).
- o Redefines the types of pathology cases sent to the AFIP (para 4-3a through para 4-3d).
- o Expands and defines the Department of Legal Medicine's mission (chap 5).
- o Updates the method and time of disposition of original and duplicate pathology materials and related records (para 6-3).
- o Changes the name of the Armed Forces Medical Museum to the National Museum of Health and Medicine (NMHM) of the AFIP (chap 8).
- o Includes the functions of the Armed Forces Medical Examiner System (AFMES) (chap 12).

Effective 4 July 1993

Medical Services

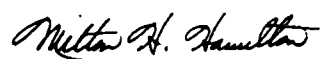
**Armed Forces Institute of Pathology and Armed Forces Histopathology Centers**

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**History.** This UPDATE printing publishes a revised joint Army/Navy/Air Force Regulation.

**Summary.** This revision updates and clarifies current policy. This regulation implements DOD Directive (D) 5154.24, April 10, 1992.

**Applicability.** This regulation applies to all military departments of the Armed Forces, including the Army National Guard (ARNG), and the Army Reserve (USAR).

**Proponent and exception authority.** The proponent of this regulation is The Surgeon General. The proponent has the authority to approve exceptions to this regulation that are consistent with controlling law and regulation. Proponents may delegate this approval authority, in writing, to a division

chief under their supervision within the proponent agency who holds the grade of colonel or the civilian equivalent.

**Army management control process.** This regulation is not subject to the requirements of AR 11-2.

**Supplementation.** Supplementation of this regulation and establishment of command or local forms are prohibited without prior approval from HQDA (DASG-PSZ), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

**Interim changes.** Interim changes to this regulation are not official unless they are authenticated by the Administrative Assistant to the Secretary of the Army. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

**Suggested improvements.** Users are invited to send comments and suggested improvements on DA Form 2028

(Recommended Changes to Publications and Blank Forms) directly to HQDA (DASG-PSZ), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

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\* This regulation supersedes AR 40-31/BUMEDINST 6510.2E/AFR 160-55, dated 15 September 1980.

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## Chapter 1 Introduction

### 1-1. Purpose

This regulation prescribes the organization, administration, and relationships of the Armed Forces Institute of Pathology (AFIP) and its centralized services.

### 1-2. References

Required and related publications and prescribed and referenced forms are listed in appendix A.

### 1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

### 1-4. Responsibilities

a. The Assistant Secretary of Defense for Health Affairs (ASD(HA)) will—

- (1) Appoint the director of the AFIP.
- (2) Serve as chairman of the Board of Governors (BOG) and approve their staffing requirements.
- (3) Approve appointments to the Scientific Advisory Board (SAB).
- (4) Direct the activities of the Armed Forces Medical Examiner System (AFMES).

b. The Secretary of the Army is the Executive Agent of the AFIP and will provide administrative support as outlined in paragraph 2-4 a.

- c. The director of the AFIP will—
- (1) Direct the activities of the AFIP.
  - (2) Nominate SAB members.
  - (3) Exercise operational control over the AFMES.
- d. The AFIP Executive Officer will supervise and assign special functions to the AFIP Administrative Services Division.

## Chapter 2 Armed Forces Institute of Pathology (AFIP)

### 2-1. Overview

The Armed Forces Institute of Pathology (AFIP) is the central laboratory of pathology for the Department of Defense (DOD) and certain other Federal agencies as agreed on by the BOG. It is a tri-Service organization with the Secretary of the Army designated as the Executive Agent.

### 2-2. Organization

a. The Institute consists of a BOG, a director, two deputy directors, an Executive Officer, an SAB, and a staff of such professional, technical, administrative, and clerical personnel as may be required.

b. The BOG consists of the ASD(HA), who serves as Chairman; the Assistant Secretary for Health from the Department of Health and Human Services; the Surgeons General of the Army, Navy, and Air Force; the Chief Medical Director of the Department of Veterans Affairs (VA); and a former AFIP director, as designated by the Secretary of Defense, or their respectively designated alternates who, in the absence of the principals, will be authorized to act or speak for them.

c. The BOG will be supported by an Executive Secretary who will assist in the preparation and follow-up of Board activities, and will be selected by the Chairman from individuals assigned to the ASD(HA) staff.

d. The AFIP director will be—

- (1) A military medical officer, selected on the basis of professional qualifications in the field of pathology and demonstrated medical administrative ability.
- (2) Appointed by the ASD(HA) based on nominations from the BOG.
- (3) Appointed normally for a period of 4 years.

e. The position of the director will rotate among the Army, Navy, and Air Force, in that order, if the Military Department next in line has a person who meets the qualifications and is acceptable to the nominating and approving authorities.

f. Senior pathologists from the other two Military Departments are appointed deputy directors, on the same basis as the director. Nominations are approved by the BOG.

g. The position of Executive Officer will be filled by the Army and be a person who is acceptable to the director.

h. A professional, technical, and administrative staff of medical department officers, other Armed Forces military personnel, other Federal agency medical personnel, and civilian personnel, including consultants and experts, assists the director in the accomplishment of the missions of the AFIP. The professional and technical staff will be subject to all regulations governing off-duty employment, standards of conduct, and credentialing, as provided in those regulations. (Reference DODD 5500.7, DODD 6025.7, DODD 6025.11, AR 600-50, and AR 27-1 for more information.)

(1) The director presents proposed staffing requirements to the ASD(HA), via the BOG, for review and approval. The approved requirements shall be incorporated in a Joint Staffing Document by the Executive Agent with appropriate participation of the other Services.

(2) Each Military Department provides, within its resource capabilities, the military manpower and personnel assistance necessary to accomplish the AFIP mission. Military manpower shall be prorated among the Military Departments in accordance with the Joint Manpower Document administered by the Executive Agent.

(3) DOD civilian personnel and associated administrative support shall be provided by the Army as Executive Agent.

(4) Military members assigned to the AFIP shall be responsible to the director with respect to their performance of duty.

i. SAB members will be nominated by the director, reviewed by the BOG, and approved by the ASD(HA). Appointments to the SAB will be made for a term not to exceed 2 years. The SAB will meet at least semiannually to provide peer reviews and guidance for the AFIP's scientific program. No member of the AFIP regular duty staff may be appointed as a member of the SAB.

### 2-3. Functions of the AFIP

Under established DOD policies, the AFIP—

a. Maintains a consultation service for the diagnosis of pathologic tissue for DOD, other Federal agencies, and, subject to available resources, for civilian pathologists. Serves as the chief reviewing authority on the diagnosis of pathologic tissue for the Army, Navy, Air Force, Public Health Service (PHS), and the VA.

b. Conducts experimental, statistical, and morphological research in the broad field of pathology, including correlation with such other medical specialties as will enable the AFIP to effectively pursue its research projects.

c. Provides instruction in advanced pathology and related subjects to medical, dental, and veterinary officers of the Armed Forces and, based on availability of facilities, to such other qualified persons who are authorized to study or receive graduate instruction at the AFIP.

d. Trains qualified and approved enlisted personnel of the Armed Forces in histopathologic techniques and in relevant medical photographic, medical arts, and museum activities.

e. Collects medical materials, specimens, photographs, case records, and related data from geographic areas and sources worldwide, or otherwise procure needed materials (such as, sets of microscopic slides, photographic materials, medical visual aids, or other texts illustrating the pathology of the various special medical fields), in order to prepare and duplicate teaching aids utilized in the training of Armed Forces and other Federal medical personnel.

f. Donates or loans duplicate pathologic, photographic, and other educational material to other Federal medical services, museums, medical and dental schools, scientific institutions, and to qualified individuals connected with medical, dental, or veterinary professions, when determined appropriate and practicable.

g. Maintains the Armed Forces Medical Examiner System

(AFMES) which will process all cases subject to review as defined in DODD 6010.16.

*h.* Participates, through the American Registry of Pathology (ARP), in cooperative enterprises in consultation, education, and medical research between the AFIP and the civilian medical profession under such conditions as may be agreed upon between the AFIP BOG and ARP. The AFIP may contract with or enter into other agreements with ARP for cooperative enterprises that support the mission of AFIP or as otherwise permitted by section 176, title 10, United States Code.

*i.* Maintains a medical illustration service for the collection, development, duplication, publication, exhibition, reference, and file of medical illustrative material of medical military importance, except original motion picture footage, primarily for the support of programs of the AFIP, which may be made available to the medical services of the Armed Forces, other Federal agencies and qualified individuals, when determined appropriate and practicable. The AFIP will manage the DOD Medical/Scientific Exhibits Program and provide the production and commercial contract services therefore in support of all DOD medical service activities.

*j.* Maintains the National Museum of Health and Medicine (NMHM) of the AFIP for the instruction of qualified and authorized persons and to display selected museum exhibits to the lay public. The director is authorized to accept gifts and donations for the AFIP and its NMHM—especially those items, materials, and medical artifacts which may have a scientific, historical and/or archival significance (section 2601, title 10, United States Code and AR 1-100).

*k.* Provides professional, technical, logistical, and administrative support to the Joint Committee on Aviation Pathology.

*l.* Enters into interagency agreements with other Federal agencies under interagency support agreements (section 1535, title 31, United States Code).

#### **2-4. Administration**

*a.* The Secretary of the Army, or his or her designee, will be responsible for determining and providing, within the limits of resources available to the Department of the Army for such purposes, adequate administrative support for the operation of the AFIP. The term “administrative support” as used in this publication is defined to include programming and budgeting, funding, fiscal control, manpower control and utilization, personnel administration, security administration, space, facilities, supplies, other administrative provisions and services, and related mobilization planning.

*b.* Under established DOD policies governing medical and allied activities, the BOG shall be responsible for the policy direction of the AFIP on all professional and related matters.

*c.* Under the policy direction of the BOG, the AFIP director shall be responsible for the organization and effective operation of the AFIP, including the direction and supervision of its staff and activities.

*d.* The facilities and materials of the AFIP may be made available to qualified civilian physicians, dentists, veterinarians, and other scientists for study and research as appropriate and practicable.

*e.* All military personnel of the Military Departments assigned to the AFIP shall, during such tours, be responsible to the director with respect to their performance of duty.

### **Chapter 3 Center for Advanced Pathology (CAP)**

#### **3-1. Overview of CAP**

The Center for Advanced Pathology (CAP) is responsible for—

- a.* Diagnosis of disease entities and pathologic conditions.
- b.* Developing laboratory methods and techniques for the Armed Forces.
- c.* Maintaining AFIP laboratories and animal handling facilities

so that they meet all accreditation and certification requirements as directed by the BOG.

#### **3-2. Functions of the AFIP CAP**

The AFIP CAP—

*a.* Reviews and studies all pathology material and related records sent from the Armed Forces and other sources and prepares reports and records on this material.

*b.* Provides consultation and diagnostic services. These services will be provided for all DOD medical facilities as resources permit.

*c.* Conducts pathology research and cooperates in research programs of other medical service facilities and, when proper, other Government, academic, and civilian organizations.

*d.* In coordination with other areas of the AFIP CAP functions—

(1) Maintains a central file (repository) of pathology materials and related records for reference, research, training, and follow-up programs.

(2) Provides postgraduate training in the broad and specialized fields of pathology and related subjects to medical and Government personnel and to civilians on a space-available basis.

### **Chapter 4 Histopathology Centers**

#### **4-1. General**

Histopathology centers will provide diagnostic and consultation services to Armed Forces Medical Treatment Facilities (AFMTFs). The Surgeons General and the AFIP director have designated any military hospital or laboratory with a pathologist as chief of pathology a histopathology center and, as such, an authorized channel to forward pathology material and related records to the AFIP for review.

#### **4-2. Support procedures**

Medical treatment facilities (MTFs) without a histopathology service will send specimens and records to their servicing histopathology centers for examination. If a civilian pathology consultant is used, the MTF will forward the pathology materials (slides, blocks, tissue, and records) to their servicing histopathology center for review. An MTF of one Service may use the laboratory services of another when it is more convenient from a professional and geographical standpoint.

#### **4-3. Histopathology center functions**

Histopathology centers—

*a.* Provide histopathologic support and designated services to AFMTFs in their regions whose equipment or staff is inadequate.

*b.* Provide consultation, staff assistance, and training in pathology and related subjects for MTFs within designated regional or command areas whose pathology resources are inadequate.

*c.* Review pathology material and records from MTFs without a histopathology service in their command or region. Send reports promptly to the concerned facility.

*d.* Select pathology cases and records for forwarding to the AFIP for review. Forward all cases falling into the following categories:

(1) Any surgical, cytological, or autopsy case in which there is uncertainty about the diagnosis or biological behavior of the disease process.

(2) Any surgical, cytological, or autopsy case in which peer review reveals a discrepancy in interpretation which cannot be resolved locally. This procedure will be documented for reviewing or inspecting authorities.

(3) A list of all pathological conditions seen at a given histopathology center which are high risk (including malignancies), borderline, difficult, unusual, or controversial will be prospectively prepared and approved by the MTF commander. Any surgical, cytological, or autopsy case falling into a category on this list will be reviewed by at least two pathologists. If the second review cannot be conducted locally, or if the second review results in a

difference of opinion that cannot be resolved locally, the case will be referred to the AFIP. This procedure will be documented for reviewing or inspecting authorities.

(4) All cases subject to review by the AFMES, as defined in DODD 6010.16.

(5) Any case involving persons requiring flying waivers or revised physical standards profiles because of tissue diagnosis. Such cases will include surgical specimens and related records.

(6) All completed case material on autopsy, surgical, or cytological specimens in which an administrative claim under the Federal Tort Claims Act or in which a civil action for personnel injury is threatened or has been initiated by or on behalf of a patient or former patient of an AFMTF. An updated clinical history abstract and proper identifying memorandum will accompany the material.

(7) All surgical, cytological, or autopsy cases which are of educational or research value to the repository. (Additionally, specific pathologic entities desired will be published annually in the AFIP Letter, which is a bimonthly publication designed to furnish timely information on policies, activities, and programs relevant to the military and civilian community.) Such cases will be forwarded to the AFIP after the histopathology center has no further reason to retain the material for patient care purposes and may be sent as a routine priority with no consultation report required from the AFIP, if so desired. It is particularly important that such cases be accompanied by sufficient documentation; slides, embedded tissue (paraffin, electron microscopy, and so on), x-rays, computerized axial tomography scans and/or magnetic resonance imaging, and appropriately fixed tissue; so that they are useful for educational and/or research purposes.

(8) All military working dog materials, both surgical and necropsy. These will be sent directly to the AFIP. (See AFR 163-10/TB MED 283.)

(9) Contributions from experimentally produced diseases. These will be accepted when useful to AFIP's mission, or by special arrangement. Prior to sending such tissue, potential contributors will make specific arrangements with the AFIP director.

## **Chapter 5**

### **Department of Legal Medicine**

#### **5-1. Scope**

A Department of Legal Medicine shall exist within the AFIP for the purposes of establishing and maintaining a registry of all administrative claims and relevant medical documents, final administrative actions, and completed legal cases that arise from allegations of negligence for medical treatment rendered in or through DOD medical health services systems or activities. This registry is operated for the purposes of quality assurance. The Department shall serve as the central medicolegal reference source for the DOD, and certain other Federal agencies as agreed upon by the BOG and the head of the agency concerned. Consultation, education, and research in the areas of legal medicine will be performed in order to provide the Office of the ASD(HA) and the three military Services with summary information to evaluate and improve the risk management process in DOD. This information will also be made available to the Quality Assurance Programs in each of the three military Services. Members of the professional staff of the Department of Legal Medicine are responsible for—

a. Providing educational guidance concerning medical risk management and malpractice prevention to DOD and other Federal health care providers. In accomplishing the foregoing, the Department will coordinate with The Judge Advocate General (TJAG) (Army) on related matters involving legal instruction and legal information. The Department will receive professional assistance from TJAG where necessary regarding any legal instruction and information papers disseminated by the Department of Legal Medicine.

b. Receiving, cataloging, and storing information on medical

malpractice claims and related actions from the three military Services, to include maintenance of the Defense Practitioner Data Bank, consisting of both the Abstracts of Closed Malpractice Claims Database and the Adverse Clinical Privilege Actions Database.

c. Maintaining an accessible repository of medicolegal cases and related records for reference, research, training, and follow-up programs for the Federal sector.

d. Consulting on medicolegal matters referred to the Department by various departments within DOD, as well as other Federal agencies per agreement with those agencies.

e. Providing educational guidance concerning medical risk management and malpractice prevention to DOD and other Federal health care providers.

f. Conducting research projects related to legal medicine and legal aspects of the delivery of health care services.

#### **5-2. Functions**

The Department of Legal Medicine—

a. Provides medicolegal consultation and furnishes written reports, when requested, to the Office of the ASD(HA) and also provides, as available resources permit, medicolegal consultation to the Armed Forces, the VA, the Department of Health and Human Services, and other Federal agencies upon request.

b. Provides medicolegal consultative assistance to Federal Government researchers.

c. Provides medicolegal consultative services for all DOD medical facilities and other contributors as resources permit.

d. Maintains an easily accessible repository of medicolegal cases which can be utilized for research and training of legal and medical professionals.

e. Participates in regional risk management seminars and lectures on medicolegal topics, quality assurance and risk management, as well as other Federal programs sponsored by other departments including the Department of Justice and The Judge Advocate General's Corps Conferences. Conducts or participates in other medicolegal educational programs or symposia designated for Federally-employed health care providers and/or attorneys.

f. Provides medicolegal training for physicians and lawyers in the active and reserve Armed Forces, and to civilians on a space-available basis, when requested by TJAG of a military Service.

g. Provides medicolegal training for all medical and law students assigned to the AFIP and for all military medical students.

h. Conducts medicolegal research and cooperates in research programs of other medical service facilities, and when proper, other Government, academic, and civilian organizations.

i. Maintains medicolegal liaison among the AFIP and Federal agencies, including the Department of Health and Human Services, the VA, and the Department of Justice.

j. Provides risk management background information to the quality assurance or risk management activities of all three Services and integrates risk management efforts with the existing programs of those Services. Provides continuing medical education credit, by correspondence or other suitable means, to the greatest possible number of active duty military and other Federal physicians, and to nonfederal physicians through coordination with the ARP.

k. Provides feedback information on Federal medicolegal matters to the Federal medical departments, including trends in litigation and other areas that impact on the delivery of health care.

#### **5-3. Materials to be forwarded**

a. Personnel at all Armed Forces claims services and related administrative entities will send, at the earliest possible time, one legible copy of each medical malpractice claim form to the AFIP Department of Legal Medicine. Following closure of the claim, all relevant documents and related medical records will be forwarded to the AFIP. Closure consists of payment, denial without suit being filed, or referral to the Department of Justice from the service in the case of anticipated litigation.

b. A brief cover letter will accompany the above enclosures stating the status of the claim.

c. The AFIP will maintain a permanent repository of these



materials, and as a consulting service to the Armed Forces, will expeditiously respond to retrieval requests from authorized personnel.

## **Chapter 6**

### **Pathology Material and Related Records**

#### **6-1. Collection, preparation, and shipment**

Pathology specimens and related records from Federal facilities will be collected, prepared and shipped according to procedures in TM 8-340/NAVMED P-5083/AFM 160-28/VA IB 11-13. Civilian contributors will submit specimens according to procedures established by AFIP.

#### **6-2. Reports and files**

The AFIP will maintain permanent files on all accessioned cases that have historical, research, educational, or consultation value.

#### **6-3. Disposition**

The following instructions and statutory and legal requirements apply to military contributors:

*a. Disposition of duplicated pathology material and related records.* Duplicated pathology material and related records maintained by laboratories for references and teaching purposes will be disposed of according to procedures in AR 25-400-2, SECNAVINST 5212.5C, and AFR 4-20 (Vol I and II).

*b. Disposition of original pathology material.*

(1) All direct military contributors will discard tissue not referred to the AFIP or to a histopathology center at the hospital commander's or Chief, Department of Pathology's discretion after final diagnosis is made. Dispose of the file, the tissue, paraffin blocks, original slides and photographs not previously sent to the AFIP as follows:

(a) Training hospitals may retain materials indefinitely.

(b) Tissue that is deemed to be of teaching or research value should be sent to the AFIP for evaluation; the remainder may be disposed of at the hospital commander's or the Chief, Department of Pathology's discretion.

(c) Paraffin blocks and photographs may be destroyed if more than 5 years old.

(d) Glass slides may be destroyed if no longer useful and more than 20 years old.

(e) If personal injury or malpractice claim is pending, material will be retained until litigation is completed.

(2) Inactivated military facilities will comply with items (1)(a) through (1)(e) above. Remaining pathology material and records will be packaged by year of origin and sent to—

(a) The proper histopathology center, or

(b) The medical facility that will assume the responsibility of the closed facility, or

(c) The AFIP.

*c. Disposition of AFIP consultation.* Reports from the AFIP and histopathology centers will be returned to the requesting laboratory for inclusion in the laboratory case file and patient's record and then final disposition. Service facilities may refer to AR 25-400-2, SECNAVINST 5212.5C, and AFR 4-20 (Vol I and II) for guidance.

#### **6-4. Request for follow-up information**

The AFIP may request additional material and data of special interest and importance for forwarding from the contributor on any patient. Legal medicine, forensic pathology, and cytology cases will be handled by the appropriate CAP department.

## **Chapter 7**

### **Center for Medical Illustration (CMI)**

#### **7-1. Overview**

The Center for Medical Illustration (CMI) produces, duplicates, exhibits, collects, and files medical illustration material of importance to the Armed Forces. These functions are accomplished by the CMI medical arts design and production, medical photography, printing, and medical illustration library services. Though the CMI exists primarily to support the AFIP consultation, education, and research programs, some services, as related in this regulation, are available to Armed Forces medical services and, as approved by the AFIP director, to other Federal and civilian agencies or persons. AFIP regulations and policies and established interactivity support and user agreements govern use of CMI services. Medical illustrative materials produced and/or maintained by the AFIP for the Armed Forces are the property of the U.S. Government, subject to proper restrictions and regulations.

#### **7-2. Services provided**

The CMI—

*a.* Maintains the central and permanent Armed Forces medical illustration library file of photographic negatives and transparencies, copies of motion pictures, videos, and artistic drawings produced to display clinical, surgical, autopsy, and/or pathological processes and procedures used in the diagnosis and treatment of diseases, wounds, and injuries.

(1) Material, as cited above, to be forwarded to the AFIP should be of high medical interest and educational value and worthy of permanent file retention. Supplementary material (for example, photographs of x-rays, electrocardiogram charts and other clinical data that aid interpretation and analysis of medical cases) should also be forwarded.

(2) Material should be forwarded to AFIP by MTFs for permanent filing on an annual basis. In preparing medical illustrative material for permanent filing and forwarding, the following are required:

(a) A complete inventory list of illustration materials being forwarded, formatted to reflect name and address of medical facility forwarding the items; box/package number in which each item is shipped (applicable to the use of two or more containers); and as applicable, medical diagnostic codes of photographic items and number and type of items included (negatives, transparencies, photos, and so on).

(b) Each patient case separately packaged within the mailing container with a cover sheet that reflects the name and address of the medical facility forwarding the items; local case number; medical diagnosis; patient name and social security number; and number and type of items enclosed (negatives, transparencies, and so on).

(c) Items marked and placed in sequenced order, to include, as applicable, *statement of release by patient*; history and record of patient treatment; envelope for black and white and color negatives reflecting the number of negatives enclosed, with each enclosed negative sequentially marked along a clear margin with india ink; and an envelope for black and white and color transparencies reflecting quantity enclosed, with each color transparency enclosed in a separate protective cellophane jacket sequentially marked with red china marking crayon.

(3) Forward medical illustration items for permanent filing to the Director, AFIP, ATTN: MIZ, Washington, DC 20306-6000.

(4) Copies of illustration materials accessioned and indexed by the CMI Illustration Library Division may be obtained by sending requests to the Director, AFIP, ATTN: Associate Director, Center for Medical Illustration, Washington, DC 20306-6000. AFIP accession number must be used as a reference.

*b.* Maintains capability for providing and producing all facets of medical photography and medical arts for the AFIP.

*c.* Provides training in medical illustration and medical photographic techniques for Armed Forces personnel and other persons approved by the director.

d. Makes available AFIP illustrative items to Armed Forces facilities, other Federal agencies, and approved organizations and persons.

e. Designs, produces, displays and maintains, medical and scientific exhibits for all DOD components and other AFIP approved activities for showing at regional, national, and international medical forums as requested and approved through established Department (Army, Navy, and Air Force) channels.

### 7-3. Statement of release

Before being photographed or recorded, all personnel will complete and sign a statement of release. If the signature cannot be obtained, an explanation as to how consent was obtained, should be annotated on the statement's reverse side. A sample statement of release follows:

---

"I hereby waive all rights or privacy which I may have either at common law or by statute and, further, I hereby grant full permission to the United States Government and any of its branches to use any pictures and spoken material whenever and however they deem necessary. This voluntary service will not be made the basis of a future claim against the Government for compensation."

(Signature)

In witness whereof this (day) of (month, year).  
(Include the complete address of the witness)

Witness (signature of witness and date)

---

**Figure 7-1. Sample of Statement of release**

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## Chapter 8 The National Museum of Health and Medicine (NMHM) of the AFIP

### 8-1. General services available

The NMHM of the AFIP provides professional and public education. The museum locates, collects, preserves, conserves, displays, exhibits, and makes available medical materials, artifacts, and data of lasting scientific and historical interest for study and research by the public and professional staff.

### 8-2. Functions

The museum provides—

- a. Technical advice and guidance in museum technology for study, research, and presentation.
- b. Research in biomedical science.
- c. Instruction and materials to United States and foreign nationals to support the AFIP education program.
- d. Scientific and historical orientation, briefing, and education to the general public.
- e. Exhibits of medical materials and information.
- f. Tours for educational institutions, student groups, visitors, and guests.

### 8-3. Resources

The following services are available for study, teaching, and display:

- a. Gross specimens in the fields of medicine, dentistry, and veterinary medicine.
- b. Exhibits on specific health topics or specific medical, dental, and veterinary subjects, and organ system pathology and anatomy.
- c. Human, animal, and embryologic specimens and models.
- d. Historical collections of military and civilian medical, dental, and veterinary instruments and equipment.

e. Practical training in tissue preservation and museum technology.

### 8-4. Material desired

Contributions or donations must be coordinated with the AFIP director prior to shipment.

## Chapter 9 Education and Training

### 9-1. General

a. The AFIP conducts an extensive training program for military and civilian personnel.

b. The AFIP maintains and operates a training aids library for loan to members of the Armed Forces medical services and the civilian medical profession.

### 9-2. Training of personnel

a. *Residencies, for military personnel only.*

(1) The AFIP is accredited through the Accreditation Council for Graduate Medical Education for residency training in forensic pathology, neuropathology, and dermatopathology.

(2) The AFIP has a residency program in veterinary pathology to prepare qualified candidates for board certification by the American College of Veterinary Pathologists.

b. *Master degree programs in forensic sciences.* The AFIP provides an essential element (instructors), to the George Washington University's graduate program leading to a Master of Science Degree in Forensic Science or a Masters in Forensic Sciences Degree.

c. *Individual.* Individual training to meet the applicant's needs and qualifications is available at the AFIP in all fields of pathology.

d. *Continuing medical education.* Postgraduate short courses accredited by the Accreditation Committee on Continuing Medical Education, American Medical Association are given on pathology subjects.

### 9-3. Tri-Service Histopathology School

This school conducts two courses per year awarding the appropriate skill identifier for Air Force and Navy personnel. A total of 800 academic hours are given.

## Chapter 10 AFIP Repository and Research Services (R&RS)

### 10-1. General

The AFIP Repository and Research Services (R&RS) collects, controls, maintains, and uses pathological material and related records to acquire and disseminate knowledge in the field of pathology. The AFIP repository consists of all accessioned cases. Individual cases of special interest, educational, or research value are subclassified into registries.

### 10-2. AFIP R & RS obligations

The AFIP R&RS—

- a. Serves as the principal adviser on all research matters which involve AFIP professional research programs.
- b. Plans for the continued improvement of the AFIP professional research program.
- c. Maintains liaison with Federal and nonfederal health agencies, universities, and institutions collaborating with AFIP in research projects.
- d. Provides liaison with the ARP as a cooperative enterprise in

medical research and education between the AFIP and the civilian medical profession on a national and international basis.

## **Chapter 11**

### **AFIP Administrative Services Division**

#### **11-1. Composition**

The AFIP Administrative Services Division is comprised of Headquarters, Logistics Division, Resources Management Division, and other administrative services as determined by the director.

#### **11-2. Supervision**

The AFIP Executive Officer supervises the Administrative Services Division in providing staff advice and assistance to the Director pertaining to the utilization and administration of resources available to the AFIP.

#### **11-3. Functions**

Specific functions of the Administrative Services Division are assigned by the Executive Officer and supplemented by internal publications.

## **Chapter 12**

### **The Armed Forces Medical Examiner System (AFMES)**

#### **12-1. Background**

The Office of the AFMES is the central medical examiner system for DOD. It is a tri-Service organization subject to the authority, direction, and control of the ASD(HA).

#### **12-2. Operational guidance**

The AFMES is under operational control of the director, AFIP, and operates under the guidelines of DODD 6010.16 and AR 40-57/BUMEDINST 5360.26/AFR 160-99.

## **Appendix A References**

### **Section I Required Publications**

#### **AFR 4-20 Volume 1**

Disposition of Air Force Documents, Policies, Procedures, and Responsibilities. (Cited in paras 6-3 *a* and 6-3 *c*.)

#### **AFR 4-20 Volume 2**

Disposition of Air Force Records--Records Disposition Schedule. (Cited in paras 6-3 *a* and 6-3 *c*.)

#### **AFR 163-10/TB MED 283**

Veterinary Necropsy Protocol for Military Working Dogs. (Cited in para 4-3 *d* (8).)

#### **AR 1-100**

Gifts and Donations. (Cited in para 2-3 *j*.)

#### **AR 5-16**

Army Supplement to Defense Regional Interservice Support (DRIS). (Cited in para 2-3 *l*.)

#### **AR 25-400-2**

The Modern Army Recordkeeping System (MARKS). (Cited in paras 6-3 *a* and 6-3 *c*.)

#### **AR 27-1**

Judge Advocate Legal Service. (Cited in para 2-2 *h*.)

#### **AR 40-57/BUMEDINST 5360.26/AFR 160-99**

Armed Forces Medical Examiner System. (Cited in para 12-2.)

#### **AR 600-50**

Standards of Conduct. (Cited in para 2-2 *h*.)

#### **DODD 5105.18**

DOD Committee Management Program. (Cited in para 2-2 *i*.) (This publication can be obtained from the Naval Publications and Forms Center, Code 3015, 5108 Tabor Avenue, Philadelphia, PA 19120-5099, using DD Form 1425 (Specifications and Standards Requisition).)

#### **DODD 5154.24**

Armed Forces Institute of Pathology (AFIP). (Cited in the summary.) (To obtain this publication, see the DODD 5105.18 entry above.)

#### **DODD 5500.7**

Standards of Conduct. (Cited in para 2-2 *h*.) (To obtain this publication, see the DODD 5105.18 entry above.)

#### **DODD 6010.16**

Armed Forces Medical Examiner System. (Cited in paras 2-3 *g*, 4-3 *d* (4), and 12-2.) (To obtain this publication, see the DODD 5105.18 entry above.)

#### **DODD 6025.7**

Off-Duty Employment by DOD Health Care Providers. (Cited in para 2-2 *h*.) (To obtain this publication, see the DODD 5105.18 entry above.)

#### **DODD 6025.11**

DOD Health Care Providers Credentials Review and Clinical Privileging. (Cited in para 2-2 *h*.) (To obtain this publication, see the DODD 5105.18 entry above.)

#### **SECNAVINST 5212.5C**

Disposal of Navy and Marine Corps Records. (Cited in paras 6-3 *a* and 6-3 *c*.) (To obtain this publication, see the DODD 5105.18 entry above.)

#### **TM 8-340/NAVMED P-5083/AFM 160-28/VA IB 11-13**

Methods of Preparing Pathologic Specimens for Storage and Shipment. (Cited in para 6-1.)

### **Section II Related Publications**

#### **AR 11-2**

Internal Management Control

### **Section III**

#### **Prescribed Forms**

This section contains no entries.

### **Section IV**

#### **Referenced Forms**

This section contains no entries.

## **Glossary**

### **Section I Abbreviations**

#### **AFIP**

Armed Forces Institute of Pathology

#### **AFM**

Air Force Manual

#### **AFMES**

Armed Forces Medical Examiner System

#### **AFMTF**

Armed Forces Medical Treatment Facility

#### **AFP**

Air Force Pamphlet

#### **AFR**

Air Force Regulation

#### **AR**

Army Regulation

#### **ARNG**

Army National Guard

#### **ARP**

American Registry of Pathology

#### **ASD**

Assistant Secretary of Defense

#### **BOG**

Board of Governors

#### **BUMEDINST**

Bureau of Medicine and Surgery Instruction

#### **CAP**

Center for Advanced Pathology

#### **CMI**

Center for Medical Illustrations

#### **DOD**

Department of Defense

#### **HA**

Health Affairs

#### **HQDA**

Headquarters, Department of the Army

#### **MRI**

magnetic resonance imaging

#### **MTF**

Medical Treatment Facility

#### **NAVMED**

Navy Medical

#### **NMNM**

National Museum of Health and Medicine

#### **PHS**

Public Health Service

## **R&RS**

Repository and Research Services

#### **SAB**

Scientific Advisory Board

#### **SECNAVINST**

Secretary of the Navy Instruction

#### **TB MED**

Technical Bulletin, Medical

#### **TJAG**

The Judge Advocate General

#### **TM**

Technical Manual

#### **USAR**

United States Army Reserves

#### **VA**

Veteran's Affairs

#### **VA IB**

Veteran's Affairs Information Bulletin

### **Section II Terms**

**This section contains no entries.**

### **Section III**

#### **Special Abbreviations and Terms**

**This section contains no entries.**

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